

(Official Form 1) (12/03)

FORM BI

United States Bankruptcy Court
District of Oregon

04-34667

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):
Symphony Healthcare I, Inc.

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 6 years
(include married, maiden, and trade names):
Healthmont of Oregon I, Inc.

All Other Names used by the Joint Debtor in the last 6 years
(include married, maiden, and trade names):

Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No.
(if more than one, state all): ; EIN: 62-1827394

Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No.
(if more than one, state all):

Street Address of Debtor (No. & Street, City, State & Zip Code):
10300 N.E. Hancock Street
Portland, OR 97220

Street Address of Joint Debtor (No. & Street, City, State & Zip Code):

County of Residence or of the
Principal Place of Business: Multnomah

County of Residence or of the
Principal Place of Business:

Mailing Address of Debtor (if different from street address):

Mailing Address of Joint Debtor (if different from street address):

Location of Principal Assets of Business Debtor
(if different from street address above):

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☒ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)

- ☐ Individual(s) ☐ Railroad
☒ Corporation ☐ Stockbroker
☐ Partnership ☐ Commodity Broker
☐ Other ☐ Clearing Bank

**Chapter or Section of Bankruptcy Code Under Which
the Petition is Filed** (Check one box)

- ☐ Chapter 7 ☒ Chapter 11 ☐ Chapter 13
☐ Chapter 9 ☐ Chapter 12
☐

Nature of Debts (Check one box)

- ☐ Consumer/Non-Business ☒ Business

Filing Fee (Check one box)

- ☒ Full Filing Fee attached
☐ Filing Fee to be paid in installments (Applicable to individuals only)
Must attach signed application for the court's consideration
certifying that the debtor is unable to pay fee except in installments.
Rule 1006(b). See Official Form No. 3.

Chapter 11 Small Business (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. § 101
☐ Debtor is and elects to be considered a small business under
11 U.S.C. § 1121(e) (Optional)

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will
be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

1-15	16-49	50-99	100-199	200-999	1000-over
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Estimated Assets

\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts

\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR COURT USE ONLY

RECEIVED
MAY 27, 2004
CLERK US BANKRUPTCY COURT
DISTRICT OF OREGON
FILED 4:30 PM

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Symphony Healthcare I, Inc.

Location

Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)

Where Filed:

NONE

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Symphony Healthcare V, LLC

Case Number:

04-32593-tmb7

Date Filed:

March 23, 2004

District:

Oregon

Relationship:

Subsidiary

Judge:

Trish M. Brown

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney

X

Signature of Attorney for Debtor(s)

ALBERT N. KENNEDY OSB No. 82142

Printed Name of Attorney for Debtor(s)

Tonkon Torp LLP

Firm Name

888 S.W. Fifth Ave., #1600

Address

Portland, OR 97204-2099

503-802-2013

Telephone Number

05/06/04

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

KENNETH W. PERRY

Printed Name of Authorized Individual

President

Title of Authorized Individual

05/06/04

Date

Signatures**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

((To be completed if debtor is an individual whose debts are primarily consumer debts))

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

**UNITED STATES BANKRUPTCY COURT
District of Oregon**

In re Symphony Healthcare I, Inc.

Debtor

Case No.

04-34667

Chapter

11

Voluntary Petition Continuation Sheet

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor		
Name of Debtor: Symphony Healthcare IV, LLC	Case Number: 04-32592-tmb7	Date Filed: March 23, 2004
District: Oregon	Relationship: Affiliate	Judge: Trish M. Brown

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re)
) Case No. 04-34667
)
Symphony Healthcare I, Inc.)
) **EXHIBIT "C"**
) [If not an Ex. on Petition Pg. 2, then to
) be **FULLY** completed by **ALL** debtors
Debtor(s)) and attached to **ALL** copies of the Petition.]

(NOTE: You must answer ALL questions. Attach additional sheets if necessary. Use of "UNKNOWN" is NOT acceptable!)

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent harm to the public health or safety: None
2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety: None
3. DESCRIBE ASSETS REQUIRING TRUSTEE'S IMMEDIATE ATTENTION: None.
4. Street address of principal assets (note property): None.
5. [If debtor(s) an individual] Is debtor(s), OR has debtor(s) ever been within the 6 years prior to filing, either: self-employed or a sole proprietor; a partner, other than a limited partner, of a partnership; or an officer, director, managing executive, or person in control of a corporation? ☒ YES ☐ NO
If YES, complete ALL questions in the Statement of Affairs.
6. [Unless EXACT question already answered on Petition] If debtor is CORPORATION, list name and address of chief executive officer; if debtor is PARTNERSHIP, list names and addresses of general partners: Kenneth W. Perry,
Symphony Healthcare, 210 12th Avenue South, Nashville, TN 37203
7. Total GROSS income of the individual debtor(s) for the last tax year: \$ 0 (i.e., before any deductions).
8. Total amount of unsecured debt: \$ 0.00
9. Total Noncontingent, Liquidated Farming Operation Debt: \$ 0.00
10. Total GROSS income from farming operation for the individual debtor(s) for last tax year: \$ 0.00
11. The BANKRUPTCY DOCUMENT PREPARER DECLARATION below has been completed for any person who helped, for compensation, prepare any of the bankruptcy papers if the debtor does not have an attorney.

I declare under penalty of perjury that the above information provided in this Exhibit "C" is true and correct.

DATED: 05/06/04

Kenneth W. Perry
Debtor's Signature

615-620-1520
Phone #

Joint Debtor's Signature

BANKRUPTCY DOCUMENT PREPARER DECLARATION

I, the undersigned, declare under penalty of perjury that (1) neither I, nor anyone else listed herein, collected or received any payment from or on behalf of the debtor for court fees in connection with filing the petition; (2) I have received \$_____ from or on behalf of the debtor within the previous 12 month period; (3) \$_____ is the unpaid fee charged to the debtor; and (4) the following is true and accurate about myself and any other assistants:

Individual Name and Firm (Type or Print): _____

Address (Type or Print): _____

Social Security Number of all OTHER individuals who prepared or assisted in the preparation of these bankruptcy documents: _____

Signature: _____ Social Security #: _____ Phone #: _____

[NOTE: Penalties up to \$500 per item may be assessed for omission of any required information (11 USC §110; 18 USC §156) and Fed. Bankruptcy Rule 1006 prohibits any payment to any person for services until the court filing fees are paid in full.]

EXHIBIT C (12/1/01)

UNITED STATES BANKRUPTCY COURT
District of Oregon

CLERK US BANKRUPTCY COURT
DISTRICT OF OREGON

7, 2004

04-34667

04 MAY

In re GKPS, Inc.

Debtor.

Case No.
Chapter 11

LODGED _____ REC'D _____

PAID _____ DOCKETED _____

In re SYMPHONY HEALTHCARE I, INC.,

Debtor.

Case No.
Chapter 11

In re SYMPHONY HEALTHCARE II, INC.,

Debtor.

Case No.
Chapter 11

In re SYMPHONY HEALTHCARE IV, LLC,

Debtor.

Case No. 04-32592-tmb11
Chapter 11

In re SYMPHONY HEALTHCARE V, LLC,

Debtor.

Case No. 04-32593-tmb11
Chapter 11

DISCLOSURE OF COMPENSATION – Rule 2016(b)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case was \$86,414 inclusive of an existing retainer of \$13,517.50.

2. The source of the compensation paid, or to be paid to me was the debtor.

3. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

Date May 7, 2004

Signature

Albert N. Kennedy
 Albert N. Kennedy, OSB No. 82142

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Form 4. LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**UNITED STATES BANKRUPTCY COURT
District of Oregon**In re **Symphony Healthcare I, Inc.,**
Debtor**04-34667**
Case No.Chapter **11**CLERK US BANKRUPTCY COURT
DISTRICT OF OREGON
04 MAY 7, 2004
PAID, LODGED, FILED, DOCKETED
4:50 PM JB**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 case. The list does not include (1) person who come within the definition of "insider set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
Med Staff, Inc. P.O. Box 34410 Newark, NJ 07189-0410	Med Staff, Inc. P.O. Box 34410 Newark, NJ 07189-0410 Business (800) 732-9992	Trade Debt		178,589.38
McKesson General Medical Group Dept. 0701 P. O. Box 120001 Dallas, TX 75312	McKesson General Medical Group Dept. 0701 P. O. Box 120001 Dallas, TX 75312 Business (877) 425-6242	Trade Debt		91,520.47
Technology Management Group (TMG) c/o Shawn Lorbecki P. O. Box 68-6550 Milwaukee, WI 53268-6550	Technology Management Group (TMG) c/o Shawn Lorbecki P. O. Box 68-6550 Milwaukee, WI 53268-6550 Business (414) 570-3530	Trade Debt		72,274.16

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(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
Kaiser 500 N.E. Multnomah Street Portland, OR 97232	Kaiser 500 N.E. Multnomah Street Portland, OR 97232 Business (503) 813-2000	Trade Debt		56,912.01
Liberty Northwest c/o Diane Gage P. O. Box 5089 Portland, OR 97208-5089	Liberty Northwest c/o Diane Gage P. O. Box 5089 Portland, OR 97208-5089 Business (503) 736-7463	Trade Debt		52,255.63
Associated Administrators P. O. Box 5276 Portland, OR 97208-5276	Associated Administrators P. O. Box 5276 Portland, OR 97208-5276 Business (503) 223-1308	Trade Debt		51,941.80
Nurse Finders P. O. Box 910738 Dallas, TX 75391-0738	Nurse Finders P. O. Box 910738 Dallas, TX 75391-0738 Business (503) 282-7920	Trade Debt		50,817.88
Argent Healthcare Dept. 5138 135 S. Lasalle Street Chicago, IL 60674-5138	Argent Healthcare Dept. 5138 135 S. Lasalle Street Chicago, IL 60674-5138 Business (618) 235-4700	Trade Debt		47,534.84
TPL Company, LLC c/o Mark Miller 427 Cummins Station 209 10th Avenue, S. Nashville, TN 37203	TPL Company, LLC c/o Mark Miller 427 Cummins Station 209 10th Avenue, S. Nashville, TN 37203 Business 888-875-1346 Ext. 212	Trade Debt		41,059.10
Quest Diagnostics c/o Robert Owen P. O. Box 740709 Atlanta, GA 30374-0709	Quest Diagnostics c/o Robert Owen P. O. Box 740709 Atlanta, GA 30374-0709 Business (503) 306-1201	Trade Debt		35,357.92
Sysco Food Service c/o Diana White P. O. Box 4100 Portland, OR 97208	Sysco Food Service c/o Diana White P. O. Box 4100 Portland, OR 97208 Business (503) 682-6690	Trade Debt		32,475.51

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11/92

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
Oregon Association of Hospitals and Health Systems 4000 Kruse Way Pl., #2-100 Lake Oswego, OR 97035	Oregon Association of Hospitals and Health Systems 4000 Kruse Way Pl., #2-100 Lake Oswego, OR 97035 Business (503) 636-2204	Trade Debt		30,790.00
Qwest P. O. Box 12480 Seattle, WA 98111	Qwest P. O. Box 12480 Seattle, WA 98111 Business: (800) 600-1117	Trade Debt		29,575.47
Columbia Urologic 1611 Buck Way Mt. Vernon, WA 98273-2596	Columbia Urologic 1611 Buck Way Mt. Vernon, WA 98273-2596 Business (800) 776-0544	Trade Debt		29,458.57
NDC National Data Drawer 94924 Tulsa, OK 94194	NDC National Data Drawer 94924 Tulsa, OK 94194 Business (800) 852-0707	Trade Debt		27,340.69
Synthes P. O. Box 8538-662 Philadelphia, PA 19171	Synthes P. O. Box 8538-662 Philadelphia, PA 19171 Business (800) 523-0322	Trade Debt		26,909.46
Second Chance Staffing c/o Robert Williams 408 SW Second Avenue, Suite 530 Portland, OR 97204-3404	Second Chance Staffing c/o Robert Williams 408 SW Second Avenue, Suite 530 Portland, OR 97204-3404 Business (503) 243-4025	Trade Debt		26,077.50
Radlinx LLC 144 Foxhill Lane Perrysburg, OH 43551	Radlinx LLC 144 Foxhill Lane Perrysburg, OH 43551 Business (800) 963-1040	Trade Debt		25,500.00
Maxim Healthcare P. O. Box 631191 Baltimore, MD 21263-1191	Maxim Healthcare P. O. Box 631191 Baltimore, MD 21263-1191	Trade Debt		25,193.46
MTF P. O. Box 23308 Newark, NJ 07189	MTF P. O. Box 23308 Newark, NJ 07189	Trade Debt		24,855.53

Form B4
11/92

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, Edward Hostmann, the Chief Executive Officer of the debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date May 7, 2004

Signature  CEO.
EDWARD HOSTMANN, Chief Executive Officer

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